

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90034 008 ***150.00

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01232006 Chg-P CR2E034 (11/05)

DOCUMENT # K91501 1. Entity Name DEBRA B. GROSS, L.C.S.W., P.A.					
Principal Place of Business 555 SW 148 AVE SUITE 127 SUNRISE, FL 33325-3010			Mailing Address 12354 NW 26 CT. CORAL SPRINGS, FL 33065		
2. Principal Place of Business 555 SW 148 Ave Suite, Apt. #, etc. 201		3. Mailing Address Suite, Apt. #, etc.			
City & State Sunrise, FL Zip 33325-3010		City & State Country USA		4. FEI Number 65-0123888	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSS, DEBRA B. 12354 NW 26 CT. CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GROSS, DEBRA B. 12354 NW 26 CT. CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSS, RICHARD 12354 NW 26 CT. CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debra B. Gross</u> <u>Debra B. Gross President</u> <u>1-24-06 954-370-0900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					